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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M81676

DOG BUSTERS GROOMING, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6427 54TH AVE NORTH 6427 54TH AVE NORTH ST. PETERSBURG FL 33700 ST. PETERSBURG FL 33709 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1988 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 59-2881453 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POWERS, JILL FISHER E GORDER VAN 19353 US HWY 19 N #100 Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34620** 83 84 City PETERSIBURG 33709 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent I am familiar with, and accept the soligation of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THILE DELETE 1.1 TITLE NAME KOEHLER. BETH 1.2 NAME STREET ADDRESS 6427 54TH AVE NORTH 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-\$T-ZIP DELETE TITLE 21 TITLE ☐ Change ☐ Addition VAN GORDER, PEGGY NAME 2.2 NAME 6427 54TH AVE NORTH STREET ADDRESS 23 STREET ADDRESS ST. PETERSBURG FL 2. 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TETLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST- ZIP Tifle DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE:

813-545-0141